

REPORT COVERING:

2006-005  
2060065

FOR OFFICE USE ONLY  
Postmark Date: \_\_\_\_\_

- ☐ JANUARY 1 through JUNE 30, \_\_\_\_\_ - DUE BY AUGUST 15
- ☒ JANUARY 1 through DECEMBER 31, \_\_\_\_\_ - DUE BY FEBRUARY 15

1. Name: Buckley Dorothy A  
Last First MI

2. Business Address: 100 Park Avenue NY 10017  
Street and No. City State Zip

Mailing Address: S/A

3. Business Phone: 212-850-1804  
Area Code and Telephone Number

4. Employer: J & W Seligman & Co. Inc.

5. Employer's address: 100 Park Avenue NY 10017  
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒  
From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒  
From July 1 through December 31? Yes ☐ No ☒ NA ☐

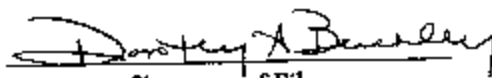
If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

- 1) a. Name of Retirement System: Louisiana School Employees' Retirement System
- b. Total of all expenditures made January 1 through June 30: \$ -0-
- c. Total of all expenditures made July 1 through December 31: \$ -0-  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ -0-
- 2) a. Name of Retirement System: \_\_\_\_\_
- b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_
- c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_
- 3) a. Name of Retirement System: \_\_\_\_\_
- b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_
- c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

#### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

  
Signature of Filer